

LAEMMLE THEATRES  
11523 Santa Monica Blvd  
Los Angeles CA 90025  
(310) 478 1041 phone  
(310) 478 4452 fax

Job Application  
pdf format

www.laemmlle.com  
info@laemmlle.com

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Desired Theatre: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Desired Pay Rate: \_\_\_\_\_

Have You Applied to Laemmlle Theatres before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a friend or relative in our employ? \_\_\_\_\_ Who? \_\_\_\_\_

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#### Employment History

Are you currently employed? \_\_\_\_\_ May we inquire of your previous employer? \_\_\_\_\_

Please list present or last employer first:

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Education:

Are you currently in school? \_\_\_\_\_ Full Time or Part Time? \_\_\_\_\_

High School Name: \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

College Name: \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate shift which you are available:

Day: Shift:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day							
Night							

\*\*Please note: not all theatres have day shifts available.

The use of this form does not indicate there are any positions open and does not obligate this Company to offer you employment in the future. By signing below, you are certifying to the best of your knowledge and belief, that all the statements on this application form are true and you understand that any misrepresentation, omission, or false statement is sufficient cause for dismissal. Further, by signing below, you are acknowledging that you understand and/or agree that if and when employed by this company: 1) you will be expected to perform any and all work requested by your supervisor (unless physically unable to do so) regardless of any initial job category or description; 2) the employment relationship is for no definite period and may be terminated at will by either the employer or the employee without any prior notice; 3) the information contained in this application may be disclosed to governmental agencies upon their proper request; and 4) the Company is required to carry Workers' compensation coverage for all employees and if injured on the job, you are entitled to file a claim at the Company's expense with the Worker's Compensation Appeal Board for Workers' Compensation benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_